

**EMT-II REGULATORY TASK FORCE
MEETING MINUTES
December 9, 2004
Marines Memorial Club Hotel
San Francisco, CA**

I.Introductions

Self-introductions were made.

MEMBERS PRESENT	EMSA STAFF PRESENT	ALTERNATES PRESENT	MEMBERS ABSENT	ALTERNATES ABSENT
Deb Aspling Debbie Becker Steve Drewniany Ruth Grubb Kelly Lazarus Bonny Martignoni Tom McGinnis Kevin White Tim Williams	Sean Trask		Howard Fincher Ron Grider Tim Hennessy Lisa Howell Frank Maas Robert May Kathy Ochoa Ed Pendergast John Pritting Stephanie Rasmussen Vicki Stevens Janet Terlouw	Lawson Stuart

II.Minutes:

Approved as written

III.Agenda:

Approved as written.

IV.New Business:

- A. The Task Force members were updated on the following items:
1. Michael Conley, the BLS Coordinator, has submitted his resignation and his last day will be December 24, 2004. The EMS Authority is in the process of filling the position.
 2. The recommended amendment to the EMT-I Regulations pertaining to the continuing education units will occur after the BLS Coordinator position is filled so there may be a delay in submitting those regulations for amendment.
 3. The EMT-II Task Force does not have a physician member to date. EMDAC had discussed the EMT-II Task Force at their regular meeting on Tuesday, December 7, 2004. Bruce Haynes, MD had informed Sean Trask that he may be the EMDAC representative. The EMS Authority is waiting for a formal response from EMDAC nominating a primary and an alternate representative to the EMT-II Task Force.
 4. The EMS Administrators had a discussion of the National Scope of Practice document at their regular meeting on December 7, 2004 and how this document may impact the EMT-II Task Force. Specifically the National Scope of Practice document is proposing that the EMT-I scope of practice be expand to include a limited amount of advanced skills and that there be two categories of paramedic, a paramedic basic and a paramedic advanced. The National Scope Document is silent on the EMT-Intermediate classification. The Task Force was informed that the decision to have an EMT-Intermediate level will be left up to the states.

B. Priority and Sequence of Task Force Objectives

1. The Task Force agreed to the following sequence in addressing the revision of this Chapter of Regulations:
 - a. The Task Force will begin with the Definitions contained in the Article 1 and discuss the application of the EMT-II service area.
 - b. The next step will be to determine the scope of practice for each module.
 - c. The next step will be to determine the topics of instruction relevant to the scope of practice for each module.
 - d. The next step will be to determine the hours of training for each module.
 - e. The next step will be to amend the training program approval procedure.
 - f. The next step will be to review and amend, if necessary, the certification and accreditation requirements. The Task Force will attempt to keep the certification and accreditation requirements consistent with the EMT-I and Paramedic Regulations.
 - g. The next step will be to review and amend, if necessary, the operational requirements to include but not be limited to: service providers, base hospitals, and medical control.
 - h. The last step will be to review and amend, if necessary, the record keeping requirements.

C. The Task Force reviewed the following sections contained in Article 1 of the draft EMT-II Regulations and made the following recommendations:

1. Section 100101- remove strikeouts and keep the term "EMT-II."
2. Section 100102- remove strikeouts and keep the term "EMT-II."
3. Section 100102.1- Replace this language with the same language contained in the EMT-I Regulations pertaining to quality improvement for consistency.
4. Section 100103 - Strike this language and replace with the same language in Section 1797.82 of the Health and change the word "part" with the word "chapter" also include the requirement that the individual shall be have an EMT-I certification issued in California.
5. Section 100103.1 – This Section is struck out entirely and the Task Force recommended deleting this Section entirely.
6. Section 100103.2 – This Section, regarding the definition of rural area was also struck out entirely in the draft regulation. The Task Force members present agreed to take this definition back to their respective groups for additional input before making a decision to either amend or delete.
7. Section 100104 – remove strikeouts and keep the term "EMT-II."
8. Section 100104.1 – delete this section entirely.

D. The Task Force recommended surveying the local EMS agencies in order to determine the following information:

1. Identify the local EMS systems that utilize EMT-IIs and the number of EMT-II in each EMS system.
2. Identify the local EMS systems that approve any EMT-I optional skills and specifically what optional skills are approved as well as the lesson plans and protocols for each approved optional skill.
3. Identify the local EMS systems that have an EMT-I trial study and what items are under trial study.
4. For those local EMS systems with either approved optional skills or a trial study, what is the population served in the service area of that optional skill or trial study.
5. Determining if each of the local EMS system are interested in approving EMT-IIs in their EMS system.
6. For those EMS systems that are utilizing EMT-IIs, is that EMS system planning on phasing out EMT-IIs.

E. The Task Force members also agreed to requiring standardized examinations for each module. The EMS Authority mentioned that after evaluating multiple professional testing organizations during the course of the EMT-I Task Force, that a professionally developed and standardized

examination is very expensive and that there is no money in the State's budget to develop such an examination. The Task Force members stated that they are still going to recommend standardized testing for each module.

F. Philosophical Discussion:

The Task Force members present then entered into a philosophical discussion concerning various items associated with the EMT-II as a practitioner.

1. The Task Force envisions this practitioner as being certified or accredited on a modular basis. It may be possible that a local EMS agency may have different EMT-II modules in various parts of their EMS system and the decision for different modules within the same EMS system will be up to the local EMS agency.
2. The Task Force identified an issue of timing between the EMT-I certification and the EMT-II certification and or accreditation. It was decided that this issue may be addressed at a future date.
3. The Task Force also identified an issue that will need to be addressed and that is if an EMT-II certified or accredited in multiple modules and that individual receives disciplinary action on one of the modules how will that effect the other modules. This is another issue that will have to be discussed at a future date.
4. The Task Force then agreed that instead of identifying multiple modules identify a basic module such as the current EMT-II Trial Study package then list the rest of the medications and skills as optional items that would require the local EMS agency to identify and approve the medications and/or skills that would be best for their system. With this approach, the topics and hours of training would be included for the individual optional scope of practice items. This would allow the local EMS agency to determine what exactly their needs are without having to select a module that does not completely meet their needs.

V. Discussion

A. Review of Action Items

The Task Force did not review the action items.

B. Next Meeting

The next meeting will be on January 13, 2005 in Southern California. The Task Force recommended that the Southern California meetings be held either in Burbank at the Burbank Airport Hilton or in Ontario at the Hilton Hotel next to the Ontario Airport. Sean will look into either for the next meeting.

Recorder: Sean Trask